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| Fill in this information to identify your case: | | |
|---|---|------------------------------------|
| United States Bankruptcy Court for the: Northern District of: Illinois (State) | | |
| Case number (if known) | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | rt 1: Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | Sanavia | |
| | Write the name that is on | First name | First name |
| | your government-issued picture identification (for | Middle name | Middle name |
| | example, your driver's | Pickett | |
| | license or passport | Last name | Last name |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last | First name | First name |
| | 8 years | | |
| | Include your married or | Middle name | Middle name |
| | maiden names. | | - |
| | | Last name | Last name |
| | | First warm | First same |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Wilderfatte | Wilderfalle |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social | XXX - XX- 0163 | xxx - xx- |
| | Security number or federal Individual | OR | OR |
| | Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |

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| D | ebtor 1 Sanavia | Pickett | Case number (if known) |
|----|--|---|--|
| | First Name | Middle Name Last Name | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer | I have not used any business names or EINs. | I have not used any business names or EINs. |
| | Identification Numbers (EIN) you have used in the last | Business name | Business name |
| | 8 years | Business name | Business name |
| | Include trade names and doing business as names | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 13244 S. Langley Avenue Number Street | Number Street |
| | | Chicago Illinois 60827 | |
| | | City State Zip Code | City State Zip Code |
| | | Cook County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | City State Zip Code | City State Zip Code |
| _ | | Oity Otate Zip Oode | Olace Zip Oode |
| 6. | Why you are choosing this district | Check one: | Check one: |
| | to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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| De | btor 1 Sanavia | | Pickett | | Case number (if kno | wn) |
|-----|---|--|---|---|---|---|
| | First Name | Middle Name | Last Name | | | |
| Pa | rt 2: Tell the Court Abo | ut Your Bankrupto | y Case | | | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | rief description of each, see / 2010)). Also, go to the top of p | | | C. § 342(b) for Individuals Filing for opriate box. |
| 8. | How you will pay the fee | more details abcashier's check may pay with a I need to pay the Individuals to F I request that rejudge may, but the official pove you choose this | out how you may pay. Typing, or money order If your a credit card or check with a che fee in installments. If your are your Filing Fee in Installments are the be waived (You make is not required to, waive your ty line that applies to you | ically, if you to t | ou are paying the submitting your ed address. this option, sig official Form 103 this option only d may do so onl ze and you are u | the clerk's office in your local court for e fee yourself, you may pay with cash, it payment on your behalf, your attorney on and attach the <i>Application for</i> A). If you are filing for Chapter 7. By law, a y if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
| 9. | Have you filed for bankruptcy within the last 8 years? | ✓ No. Yes. District District District | | When When When | MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District | | When When | MM / DD / YYYY | Relationship to you Case number, if known Relationship to you Case number, if known |
| 11. | Do you rent your residence? | ✓ No. G | andlord obtained an eviction j | - | | you want to stay in your residence? St You (Form 101A) and file it with |

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Sanavia First Name | Pick Middle Name Last I | ett Case numbe | er (if known) |
|---|--|---|--|
| | estions for Reporting Purposes | Name | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily co "incurred by an individual pri No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily bu | marily for a personal, family, or siness debts? Business debts estment or through the operation | are debts that you incurred to obtain on of the business or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fund No. | | empt property is excluded and administrative unsecured creditors? |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 millio \$50,000,001-\$100 millio \$100,000,001-\$500 mi | on \$1,000,000,001-\$10 billion ion \$10,000,000,001-\$50 billion |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 millio \$50,000,001-\$100 millio \$100,000,001-\$500 mi | on \$1,000,000,001-\$10 billion ion \$10,000,000,001-\$50 billion |
| Part 7: Sign Below | Lhave aversioned this matition, and | | ry that the information provided is true and |
| For you | correct. If I have chosen to file under Chap of title 11, United States Code. I us under Chapter 7. If no attorney represents me and I out this document, I have obtained I request relief in accordance with a I understand making a false statem | ter 7, I am aware that I may produce the relief available understand the relief available understand the relief available understand the notice required by the chapter of title 11, United States, concealing property, or object of the chapter of the can result in fines up to \$250, 19, and 3571. | ceed, if eligible, under Chapter 7, 11,12, or 13 ander each chapter, and I choose to proceed meone who is not an attorney to help me fill by 11 U.S.C. § 342(b). States Code, specified in this petition. Stationary or property by fraud in 1,000, or imprisonment for up to 20 years, or |
| | Executed on11/9/2017 | Exe | ecuted on |
| | MM / DD / Y | YYY | MM / DD / YYYY |

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| Debtor 1 Sanavia First Name | Middle Name | Pickett Last Name | Case number (if | known) | |
|-----------------------------|--------------------------|------------------------|------------------------|---|-----|
| i iist ivaille | | | | | |
| For your attorney, if you | | . , | • | ave informed the debtor(s) about | |
| are represented by one | | • • • • | | d States Code, and have explained th Ilso certify that I have delivered to the | |
| If you are not | | • | | which § 707(b)(4)(D) applies, certify th | |
| represented by an | | | . , | ules filed with the petition is incorrec | |
| attorney, you do not | nave no knowledge arte | an inquiry that the ii | mornation in the screa | ules filed with the petition is incorrec | ٦١. |
| need to file this page. | /s/ Amy Gerstein | | Date | 11/9/2017 | |
| | Signature of Attorney | for Debtor | | M / DD / YYYY | |
| | olghatare er / titeline) | | | | |
| | | | | | |
| | Amy Gerstein | | | | |
| | Printed name | | | | |
| | Semrad Law Firm | | | | |
| | Firm name | | | | |
| | 20 S. Clark Street | | | | |
| | Street | | | | - |
| | 28th Floor | | | | |
| | | | | | |
| | Chicago | | Illinois | 60603 | |
| | City | | State | Zip Code | |
| | Contact phone | 2400274002 | | | |
| | Contact phone | 3128374023 | Email address | agerstein@semradlaw.com | |
| | | | Illinois | | |
| | Bar number | | State | | |

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| Fill in this infor | mation to identify your ca | ase: | |
|---------------------------|----------------------------|-------------|----------------------|
| Debtor 1 | Sanavia | | Pickett |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois |
| | | | (State) |
| Case number (If known) | | | |

| | Check if | this | is | an |
|---|----------|---------|----|----|
| _ | amende | d filir | ng | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B) | \$0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | 50.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$19,994.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$19,994.00 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$10,889.00 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | ***,****** |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$700.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$51,329.60 |
| Your total liabilitie | \$62,918.60 |
| | |
| Part 3: Summarize Your Income and Expenses | |
| art 3: Summarize Your Income and Expenses . Schedule I: Your Income (Official Form 106I) | 00.077.10 |
| · | \$3,977.48 |

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Pickett Debtor 1 Sanavia _ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$5,699.05 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$700.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$10,083.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$10,783.00

9g. Total. Add lines 9a through 9f.

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| | | | | 3 | | |
|-----------------------|--|--|--|--|--|--|
| Fill in this | information | to identify your o | case: | | | |
| Debtor 1 | Sana | | NAC-L-II- N | Pickett | | |
| Debtor 2 | | Name | Middle N | | | |
| (Spouse, if f | - 11130 | Name otcy Court for the: | Middle N Northern | lame Last Name District of Illinois | | |
| Case nun | · | no, count ion uno. | <u></u> | (State) | | |
| (If known) | | | | | | Check if this is an |
| | | 106A/B | | | | amended filing |
| <u>Sche</u> | dule A | /B: Prope | erty | | | 12/1 |
| category responsib | where you t le for supply r name and | hink it fits best. ying correct info case number (if | Be as complete a rmation. If more s known). Answer e | ist an asset only once. If an asset fits in more ind accurate as possible. If two married people pace is needed, attach a separate sheet to the very question. nd, or Other Real Estate You Own or Ha | e are filing together, both a is form. On the top of any | are equally |
| 1. Do yo | | | quitable interest | in any residence, building, land, or similar pro | perty? | |
| ✓ | No. Go to I | | | | | |
| | Yes. Where | is the property? | | What is the property? Check all that apply. | | claims or exemptions. Put |
| 1.1 | Street addre | ess, if available, or | other description | Single-family home | | red claims on Schedule D: nims Secured by Property. |
| | | | | Duplex or multi-unit building Condominium or cooperative | Current value of the | Current value of the |
| | | | | Manufactured or mobile home | entire property? | portion you own? |
| | Number | Street | | Land Investment property | Describe the nature of | f your ownership |
| | 0.1 | Obsta | 7'- 0-1- | Timeshare Other | interest (such as fee s the entireties, or a lif | |
| | City | State | Zip Code | | Check if this is or | ommunity property |
| | | | | Who has an interest in the property? Check one. | (see instructions) | minumey property |
| | | | | Debtor 1 only | ы | |
| | | | | Debtor 2 only | | |
| | | | | Debtor 1 and Debtor 2 only | | |
| | | | | At least one of the debtors and another | | |
| | | | | Other information you wish to add about this property identification number: | s item, such as local | |
| If you | own or have | e more than one, | list here: | | | |
| 1.2 | | | | What is the property? Check all that apply. Single-family home | | claims or exemptions. Put ired claims on <i>Schedule D:</i> |
| 1.2 | Street addre | ess, if available, or | other description | Duplex or multi-unit building | Creditors Who Have Cla | aims Secured by Property. |
| | | | | Condominium or cooperative | Current value of the | Current value of the |
| | | | | Manufactured or mobile home | entire property? | portion you own? |
| | Number | Street | | Land | December the metions | |
| | Number | Ollect | | Investment property | Describe the nature of interest (such as fee s | simple, tenancy by |
| | City | State | Zip Code | Timeshare Other | the entireties, or a lif | e estate), if known. |
| | | | | Who has an interest in the property? Check | Check if this is co (see instructions) | ommunity property |
| | | | | one. | | |
| | | | | Debtor 1 only | | |
| | | | | Debtor 2 only Debtor 1 and Debtor 2 only | | |
| | | | | At least one of the debtors and another | | |
| | | | | Other information you wish to add about this | sitom such as local | |

property identification number:

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| Debtor 1 | Sanavia First Name | Middle Name | Pickett Last Name | Case number | (if known) | |
|-------------------------------|---|---|---|--------------|--|---|
| 1.3 Stre | et address, if available, or ot | v | What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | apply. | the amount of any secu | claims or exemptions. Put red claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| Nun City | nber Street State | Zip Code | Investment property Timeshare Other | | Describe the nature or interest (such as fee s the entireties, or a life | imple, tenancy by |
| | | [] [| Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an | other | (see instructions) | mmunity property |
| | the dollar value of the po | p rtion you own for a | roperty identification number: II of your entries from Part 1, incl | | | |
| Do you ow you own t | hat someone else drives. If y ns, trucks, tractors, sport ut | equitable interest ou lease a vehicle, a | in any vehicles, whether they are also report it on Schedule G: Executo cycles | - | - | |
| ✓ Ye: | | Chevrolet | Who has an interest in the pro | perty? Check | Do not deduct secured | claims or exemptions. Put |
| | Model: Year: Approximate mileage: | Malibu 2013 80000 | one. Debtor 1 only | | - | ured claims on Schedule D: aims Secured by Property. |
| | Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community | | Current value of the entire property? \$9575.00 | Current value of the portion you own? \$9575.00 |
| 3.2 | Make Model: Year: | | instructions) Who has an interest in the proone. Debtor 1 only | perty? Check | the amount of any secu | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions) | | Current value of the entire property? | Current value of the portion you own? |

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| ke del: r: proximate mileage: er information: | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | the amount of any secu | claims or exemptions. Fured claims on Schedule aims Secured by Propert Current value of the portion you own? |
|---|--------|---|--|---|
| er information: | | Debtor 1 and Debtor 2 only | | |
| ĸe | | □ | | |
| | | | | <u> </u> |
| | | | | |
| | | Check if this is community property (see instructions) | | |
| | | Who has an interest in the property? Check | Do not deduct secured | • |
| del: | | one. | the amount of any secu Creditors Who Have Cla | |
| r: proximate mileage: | | Debtor 1 only | | ums decured by mopen |
| · · | | Debtor 2 only | Current value of the | Current value of the portion you own? |
| er information: | | □ | entire property: | portion you own: |
| | | At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | | |
| ke del: | | Who has an interest in the property? Check one. | Do not deduct secured the amount of any secu | red claims on <i>Schedul</i> |
| r: | | Debtor 1 only | Creditors Who Have Cla | ims Secured by Proper |
| proximate mileage: | | Debtor 2 only | Current value of the | Current value of the |
| er information: | | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | | |
| ке | | Who has an interest in the property? Check | Do not deduct secured | |
| del: | | one. | _ | |
| r: proximate mileage: | | | Oreanors villo Have Ola | and occured by Fioper |
| · · | | Debtor 2 only | Current value of the | Current value of the |
| er information: | | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | At least one of the Color | | |
| | | At least one of the debtors and another | | |
| 8 | e del: | rift, aircraft, motor homes, ATVs and other: Boats, trailers, motors, personal watercraft, del: croximate mileage: er information: | At least one of the debtors and another Check if this is community property (see instructions) Check if this is not or cycle accessed Check if this is community property? Check one. Debtor 1 only | At least one of the debtors and another Check if this is community property (see instructions) Iff, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured the amount of any |

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Misc. Household Furniture & Goods \$1000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Misc. Electronics \$900.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$1000.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2900.00 for Part 3. Write that number here

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$300.00 17.1. Checking account: Chase Bank 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

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| Deb | tor 1 Sanavia First Name | Middle Name | Pickett Last Name | Case number (if known) | |
|-----|------------------------------------|--|----------------------------------|--------------------------------------|-------|
| 20. | Negotiable instruments | orate bonds and other negotiab include personal checks, cashiers' ents are those you cannot transfer Issuer name: | checks, promissory notes, a | nd money orders. | |
| 21. | | | , thrift savings accounts, or c | ther pension or profit-sharing plans | |
| | Yes. List each account separately. | Type of account: 401(k) or similar plan: | Institution name: | | |
| | coparatory. | Pension plan: | | | . ——— |
| | | Retirement account: | | | |
| | | Keogh: | | | |
| | | Additional account: | | | |
| | | Additional account: | | | |
| 22. | | prepayments I deposits you have made so that with landlords, prepaid rent, public | | | , |
| | ✓ No | | Institution name: | | |
| | Yes | Electric: | | | . ——— |
| | | Gas: | | | |
| | | Heating oil: | | | |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: | | | |
| | | Telephone: | | | |
| | | Water: | | | |
| | | Rented furniture: | | | |
| | | Other: | | | |
| 23. | Annuities (A contract fo | or a periodic payment of money to | you, either for life or for a nu | mber of years) | |
| | ✓ No Yes | Issuer name and description: | | | |
| | | | | | |
| | | | | | |
| 23. | ✓ No | Water: Rented furniture: Other: or a periodic payment of money to | you, either for life or for a nu | mber of years) | |

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| Debt | or 1 Sanavia | NAC-1-II- | Pickett | Case number (if known) | |
|------|--|--|---|---|--|
| 24. | First Name Interests in an e | Middle ducation IRA, in an ac | Name Last Name count in a qualified ABLE program, or under | r a qualified state tuition program. | |
| | 26 U.S.C. §§ 530 | (b)(1), 529A(b), and 529 | (b)(1). | | |
| | ✓ No Ins | stitution name and descri | iption. Separately file the records of any interests | s.11 U.S.C. § 521(c): | |
| | | | | | |
| | | | | | |
| 25. | Trusts, equitable exercisable for y | | property (other than anything listed in line 1 | I), and rights or powers | |
| | ✓ No Yes. Describe | | | | |
| 26. | | | secrets, and other intellectual property es, proceeds from royalties and licensing agreer | ments | |
| | ✓ No Yes. Describe |) | | | |
| 27. | | ises, and other genera g permits, exclusive licer | I intangibles nses, cooperative association holdings, liquor lic | censes, professional licenses | |
| | ✓ No Yes. Describe |) | | | |
| | | | | | |
| | _ | •• • | | | |
| Mor | ney or property | owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owed | | | | portion you own? |
| | Tax refunds owed | i to you | | | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owed No Yes. Give spec | | Anticipated Tax Refund - EIC & CTC Anticipated Tax Refund | Federal: | portion you own? Do not deduct secured |
| | Tax refunds owed No Yes. Give special about the you already | I to you | | Federal: State: | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owed No Yes. Give special about the you already | I to you cific information em, including whether ady filed the returns | | State: | portion you own? Do not deduct secured claims or exemptions. \$7219.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give speciabout the you alread and the second support | I to you cific information em, including whether ady filed the returns tax years | Anticipated Tax Refund | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$7219.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give speciabout the you alreated and the second the second text of the second text | I to you cific information em, including whether ady filed the returns tax years | | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$7219.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give special about the you alreated and the second the second text of the second t | I to you cific information em, including whether ady filed the returns tax years | Anticipated Tax Refund | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$7219.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give special about the you alreated and the second the second text of the second t | I to you cific information em, including whether ady filed the returns tax years | Anticipated Tax Refund | State: Local: divorce settlement, property settlement | portion you own? Do not deduct secured claims or exemptions. \$7219.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give special about the you alreated and the second the second text of the second t | I to you cific information em, including whether ady filed the returns tax years | Anticipated Tax Refund | State: Local: divorce settlement, property settlement Alimony: | portion you own? Do not deduct secured claims or exemptions. \$7219.00 \$0.00 \$0.00 t |
| 28. | Tax refunds owed No Yes. Give special about the you alreated and the second the second text of the second t | cific information em, including whether ady filed the returns tax years | Anticipated Tax Refund | State: Local: divorce settlement, property settlement Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$7219.00 \$0.00 \$0.00 t \$0.00 |
| 28. | Tax refunds owed No Yes. Give special about the you alreated and the second the second text of the second t | cific information em, including whether ady filed the returns tax years | Anticipated Tax Refund | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$7219.00 \$0.00 \$0.00 t \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give speciabout the you alreated and the second the | cific information em, including whether ady filed the returns tax years | Anticipated Tax Refund spousal support, child support, maintenance, c | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$7219.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give speciabout th you alreated and the second the second text of the second text | cific information em, including whether ady filed the returns tax years e or lump sum alimony, cific information | Anticipated Tax Refund | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$7219.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give speciabout the you alreated and the standard the standard section of | cific information em, including whether ady filed the returns tax years e or lump sum alimony, cific information | Anticipated Tax Refund spousal support, child support, maintenance, c | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$7219.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give speciabout the you alreated and the second the | cific information em, including whether ady filed the returns tax years e or lump sum alimony, cific information | Anticipated Tax Refund spousal support, child support, maintenance, c | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$7219.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Debt | or 1 Sanavia | | Pickett | Case number (if known) | |
|------|--|---------------------------|---|---|--|
| | First Name | Middle Name | Last Name | | |
| 31. | Interests in insurance Examples: Health, disab | | alth savings account (HSA); credit, h | omeowner's, or renter's insurance | |
| | No Yes. Name the insu of each policy and I | | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | | of a living trust, expect | someone who has died proceeds from a life insurance polic | y, or are currently entitled to receive | |
| 33. | Claims against third p | | you have filed a lawsuit or made urance claims, or rights to sue | a demand for payment | |
| 34. | Other contingent and to set off claims No Yes. Describe | unliquidated claims o | f every nature, including counterd | claims of the debtor and rights | |
| 35. | Any financial assets yo | ou did not already list | | | - |
| | No Yes. Describe | | | | |
| 36. | | - | m Part 4, including any entries fo | | \$7519.00 |
| Part | - | | · · · | nterest In. List any real estate in Pa | ort 1. |
| 37. | Do you own or have ar | ıy ıegal or equitable ir | terest in any business-related pr | operty? | |
| | No. Go to Part 6. Yes. Go to line 38. | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | Accounts receivable o | r commissions you alı | ready earned | | |
| | Yes. Describe | | | | |
| 39. | Office equipment, furn Examples: Business-rela | | e, modems, printers, copiers, fax ma | achines, rugs, telephones, desks, chairs, ele | ectronic devices |
| | No Yes. Describe | | | | |
| | | | | | |

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| Debt | tor 1 Sanavia | Pickett | Case number (if known) | |
|----------|---|--|--------------------------------|---------------------------------------|
| | First Name Middle Nar | ne Last Name | | |
| 40. | Machinery, fixtures, equipment, supplies ye | ou use in business, and tools of your | trade | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | <u></u> | | | |
| 41. | Inventory | | | |
| | .✓ No | | | |
| | Yes. Describe | | | |
| | Tes. Bescribe | | | |
| | | | | |
| 42. | Interests in partnerships or joint ventures | | | |
| | ✓ No | | | |
| | | Name of entity: | % of ownership: | |
| | Yes. Give specific information about | | | |
| | them | | | _ |
| | | | | _ |
| | | | | |
| 43 (| Customer lists, mailing lists, or other compi | lations | | _ |
| ٠٠٠. | | iditoris | | |
| | ✓ No | | | |
| | Yes. Do your lists include personally ident | ifiable information (as defined in 11 U.S. | C. § 101(41A))? | |
| | □ No | | | |
| | Yes. Describe | | | |
| | Tes. Describe | | | |
| 44. | Any business-related property you did not | already list | | |
| | T No | • | | |
| | No | | | |
| | Yes. Give specific information | | | |
| | inomation | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | <u></u> | | <u> </u> |
| | | | | |
| 45. A | dd the dollar value of all of your entries fron | n Part 5, including any entries for pag | ges you have attached | |
| | art 5. Write that number here | | | |
| <u> </u> | Describe And Forms and Common | sial Fishing Balatad Busyant W | O ou House on Intercept In | |
| Part | Describe Any Farm- and Commer If you own or have an interest in farmland, list | | ou Own or Have an Interest in. | |
| | • | | | |
| 46. | Do you own or have any legal or equitable | interest in any farm- or commercial | fishing-related property? | |
| | No. Go to Part 7. | | | Current value of the portion you own? |
| | Yes. Go to line 47. | | | Do not deduct secured claims |
| | | | | or exemptions |
| 47. | Farm animals | | | |
| | Examples: Livestock, poultry, farm-raised fish | | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | | | ' | |

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| Debt | tor 1 Sanavia First Name | | Pickett ast Name | Case number (if known) | |
|--------------|---------------------------------------|---|-------------------------|------------------------------|--------------|
| 48. | Crops-either growing | | | | |
| | ✓ No Yes. Describe | | | | |
| 49. | Farm and fishing equip | oment, implements, machinery, fixture | es, and tools of trade | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 50. | Farm and fishing supp | lies, chemicals, and feed | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | L | | | | |
| 51. | Any farm- and comme | rcial fishing-related property you did | not already list | | |
| | No No | | | | |
| | Yes. Describe | | | | |
| | | <u> </u> | | | |
| | | Il of your entries from Part 6, including | | ou have attached | |
| • | art o. write that humber | 11616 | | | |
| | | | | | |
| Part 1 | Za Dosoribo All Pro | perty You Own or Have an Intere | est in That You Did Not | t List Abovo | |
| | | perty of any kind you did not already I | | LEISTABOYC | |
| | | s, country club membership | | | |
| | ✓ No | | | | |
| | Yes. Give specific information | | | | |
| | | | | | |
| | | | | | |
| 54. A | dd the dollar value of al | I of your entries from Part 7. Write the | at number here | | <u> </u> |
| | | | | | |
| | | | | | |
| | | | | | |
| Part | 8: List the Totals of | Each Part of this Form | | | |
| 55. F | Part 1: Total real estate | , line 2 | | > | |
| 56. r | oart 2 total vehicles, lin | e 5 | \$9575.00 | | |
| 57. P | art 3: Total personal an | nd household items, line 15 | \$2900.00 | | |
| 58. P | art 4: Total financial as | ssets, line 36 | \$7519.00 | | |
| 59. F | Part 5: Total business-re | elated property, line 45 | \$7519.00 | | |
| | | fishing-related property, line 52 | | | |
| | Part 7: Total other prop | | | | |
| | | . Add lines 56 through 61 | | | A , |
| | i i i i i i i i i i i i i i i i i i i | | \$19994.00 | Copy personal property total | + \$19994.00 |
| | | | | | \$19994.00 |
| 63. T | otal of all property on S | Schedule A/B. Add line 55 + line 62 | | | |

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| Fill in this infor | mation to identify your ca | ase: | | |
|---------------------------|----------------------------|-------------|------------------------------|---|
| Debtor 1 | Sanavia | | Pickett | |
| | First Name | Middle Name | Last Name | - |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | - |
| United States E | Sankruptcy Court for the: | Northern | District of Illinois (State) | - |
| Case number (If known) | | | (Otato) | - |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Identify the Property You Clair | n as Exempt | | |
|----|---|---|---|---|
| 1. | Which set of exemptions are you claim | ing? Check one only, ev | ven if your spouse is filing with you. | |
| | You are claiming state and federal | nonbankruptcy exemp | otions. 11 U.S.C. § 522(b)(3) | |
| | You are claiming federal exemption | ns. 11 U.S.C. § 522(b)(| 2) | |
| 2. | For any property you list on Schedule A | /B that you claim as e | exempt, fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
| | Brief description: Chevrolet Malibu, 2013 Line from Schedule A/B: 03 | \$9,575.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| | Brief description: Checking account, Chase Bank Line from Schedule A/B: 17 | \$300.00 | \$300.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| 3. | ✓ No | ery 3 years after that for | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? | |

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Debtor 1 Sanavia Pickett Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$1,000.00 description: **✓** \$1,000.00 Misc. Household 100% of fair market value, up to any **Furniture & Goods** applicable statutory limit Line from Schedule A/B: 06 735 ILCS 5/12-1001(a) Brief \$1,000.00 description: **✓** \$1,000.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 11 735 ILCS 5/12-1001(b) Brief \$900.00 description: **✓** \$900.00 Misc. Electronics 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(g)(1) \$5,719.00 description: **✓** \$5,719.00 Federal, Anticipated Tax 100% of fair market value, up to any Refund - EIC & CTC applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$1,500.00 description: **✓**

\$1,500.00

100% of fair market value, up to any

applicable statutory limit

Federal, Anticipated Tax

28

Refund

Line from Schedule A/B:

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| | | | Do | ocument Page 22 of | 71 | | |
|------------------|-----------------------|---|----------------------------|--|---|--|-----------------------------------|
| Fill in | this infor | mation to identify your ca | se: | | | | |
| Debto | or 1 | Sanavia First Name | Middle Name | Pickett Last Name | | | |
| Debto (Spous | or 2 e, if filing) | First Name | Middle Name | Last Name | | | |
| | | ankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| Case (If knov | number vn) | | | | | | |
| Off | icial | Form 106D | | | 1 | | Check if this is an mended filing |
| | | | oro Who Ho | vo Claima Soour | ad by Prop | | J |
| | | | | ve Claims Secure | | | 12/15 |
| more | space is ı | - | | e are filing together, both are eques of the entries, and attach it to the entries. | • | | |
| | | reditors have claims se | ecured by your proper | tv? | | | |
| | | | | with your other schedules. You hav | ve nothing else to repo | ort on this form | |
| | = | Fill in all of the information | | mar your outer correction. For her | o nouming olde to rep | | |
| | | | i below. | | | | |
| Part | 1E LIST | All Secured Claims | | | | | |
| 2. | separate | ly for each claim. If more th | nan one creditor has a par | cured claim, list the creditor ticular claim, list the other creditors order according to the creditor's | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | | ACCEPTANCE | Describe the property | that secures the claim: | \$10,889.00 | \$9,575.00 | \$1,314.00 |
| | Creditor's PO BOX | | 2013 Chevrolet Malibu | | | | |
| | Numbe | | As of the date you file | , the claim is: Check all that apply. | | | |
| | - | | Contingent | | | | |
| | Southfie | | Unliquidated | | | | |
| | City Who ow | State ZIP Code es the debt? Check one. | Disputed | | | | |
| | ✓ Deb | tor 1 only | Nature of lien. Check | all that apply. | | | |
| | | tor 2 only tor 1 and Debtor 2 only | An agreement you car loan) | made (such as mortgage or secured | | | |
| | | east one of the debtors | Statutory lien (such | as tax lien, mechanic's lien) | | | |
| | | another | Judgment lien fron | n a lawsuit | | | |
| | | ck if this claim relates community debt | Other (including a r | ight to offset) | | | |
| | Date de incurred | bt was <u>12/2016</u> | Last 4 digits of accou | nt number2487 | | | |

Add the dollar value of your entries in Column A on this page. Write that number

\$10,889.00

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| | | D | ocument Page | 23 of 71 | | | |
|--|--|--|--|--|---|---|--|
| Fill in this infor | mation to identify your ca | se: | | | | | |
| Debtor 1 | Sanavia First Name | Middle Name | Pickett Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | | | |
| Case number (If known) | | | (State) | | | | |
| Official F | orm 106E/F | | | | Chec | ck if this is an | amended filing |
| Schedu | ule E/F: Cre | ditors Who | Have Unsec | ured Clain | าร | | 12/15 |
| other party to a Form 106A/B) a claims that are the entries in t known). | any executory contracts and on Schedule G: Exec e listed in Schedule D: Cr | or unexpired leases the sutory Contracts and L reditors Who Hold Clair ach the Continuation I | litors with PRIORITY claims lat could result in a claim. In Inexpired Leases (Official F ms Secured by Property. If I Page to this page. On the to | Also list executory cont orm 106G). Do not inclu nore space is needed, o | racts on <i>Schedu</i> ide any creditors copy the Part yo | <i>le A/B: Prop</i> s with partia u need, fill it | erty (Official Ily secured t out, number |
| No. (Yes. List all of listed, idea | ntify what type of claim it is | claims. If a creditor has | t you? s more than one priority unsecority and nonpriority amounts ording to the creditor's name. | list that claim here and s | how both priority | and nonprior | rity amounts. |
| | • | | a particular claim, list the others for this form in the instruction | | | | |
| , | | | | · | Total claim | Priority amount | Nonpriority amount |
| 2.1 IRS 1 | | | Last 4 digits of account n | umber | \$700.00 | \$700.00 | \$0.00 |
| Priority (PO Box Number | | | When was the debt incurr As of the date you file, the apply. | ed? n/a | | | |
| ✓ Deb | State curred the debt? Check o tor 1 only | Zip Code | Contingent Unliquidated Disputed Type of PRIORITY unsecu | red claim: | | | |
| Deb | otor 2 only otor 1 and Debtor 2 only | | ☐ Domestic support oblig ✓ Taxes and certain other | | | | |
| | east one of the debtors and eck if this claim relates t | | government Claims for death or persintoxicated | sonal injury while you wer | re | | |

Is the claim subject to offset?

Yes

Other. Specify ___

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 AMER FST FIN \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3515 N. Ridge Rd, Suite 200 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 67205 Wichita Kansas City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: V Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Furniture Loan Other. Specify ___ Is the claim subject to offset? Yes 4.2 AT&T \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 105262 Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 30348 Atlanta Georgia City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ____ Cell Phone Is the claim subject to offset? **✓** No Yes 4.3 Blue Island Hospital \$206.60 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 62592 Collection Center Dr Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60693 Chicago Illinois City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **✓** Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify _ Is the claim subject to offset? **✓** No Offician Yes Schedule E/F: Creditors Who Have Unsecured Claims page 2

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Debtor 1 Sanavia Pickett Case number (if known)
First Name Middle Name Last Name

| Part : | Your NONPRIORITY Unsecured Claims - Continuation | Page | |
|--------|--|---|-------------|
| | After listing any entries on this page, number them beginning wit | h 4.5, followed by 4.6, and so forth. | Total claim |
| 4.4 | CAPITALONE Nonpriority Creditor's Name c/o Pollack & Rosen, P.C Number Street 1825 Barrett Lakes Blvd Suite 510 | Last 4 digits of account number 4578 When was the debt incurred? 8/2015 As of the date you file, the claim is: Check all that apply. | \$936.00 |
| | Kennesaw Georgia 30144 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard | |
| 4.5 | CAPITALONE Nonpriority Creditor's Name c/o Pollack & Rosen, P.C Number Street 1825 Barrett Lakes Blvd Suite 510 Kennesaw Georgia 30144 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Yes | When was the debt incurred? 12/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard | \$800.00 |
| 4.6 | CBNA Nonpriority Creditor's Name Po Box 6497 Number Street Sioux Falls South Dakota 57117 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | When was the debt incurred? 11/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard | \$1,941.00 |

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Debtor 1 Sanavia Pickett Case number (if known)
First Name Middle Name Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation | | |
|--------|--|---|-------------|
| | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth. | Total claim |
| 4.7 | City of Chicago Parking | Last 4 digits of account number | \$400.00 |
| | Nonpriority Creditor's Name 121 N. LaSalle St # 107A | When was the debt incurred? n/a | |
| | Number Street | As of the date was file the slaim in Charles II that south | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago Illinois 60602 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | Other. Specify Tickets | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| 4.8 | COMENITYBK/VICTORIASEC | | \$404.00 |
| 4.0 | Nonpriority Creditor's Name | Last 4 digits of account number 1087 | \$404.00 |
| | 220 W SCHROCK RD Number Street | When was the debt incurred? 3/2017 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | WESTERVILLE Ohio 43081 City State Zip Code | — Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | 블 | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | 블 | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | Other. Specify CreditCard | |
| | ✓ No | | |
| | Yes | | |
| 4.9 | CREDIT ONE BANK NA | — Last 4 digits of account number 9916 | \$1,190.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 9/2015 | |
| | PO BOX 98875 Number Street | when was the dept incurred: | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | LAS VEGAS Nevada 89193 | Contingent | |
| | LAS VEGAS Nevada 89193 City State Zip Code | — Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | |
| | Is the claim subject to offset? | ─ debts ✓ Other. Specify CreditCard | |
| | No | ✓ Other. Specify <u>CreditCard</u> | |
| | | | |
| | Yes | | |

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 FED LOAN SERV \$3,149.00 Last 4 digits of account number Nonpriority Creditor's Name POB 60610 When was the debt incurred? 3/2011 Street Number As of the date you file, the claim is: Check all that apply. Contingent Harrisburg Pennsylvania 17106 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Is the claim subject to offset? **✓** No Yes 4.11 FED LOAN SERV \$2,938.00 Last 4 digits of account number 0004 Nonpriority Creditor's Name POB 60610 When was the debt incurred? 9/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent Pennsylvania 17106 Harrisburg Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Is the claim subject to offset? **✓** No Yes FED LOAN SERV 4.12 \$2,026.00 Last 4 digits of account number Nonpriority Creditor's Name POB 60610 When was the debt incurred? 3/2011 Street Number As of the date you file, the claim is: Check all that apply. Contingent 17106 Harrisburg Pennsylvania Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset?

No Yes

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 FED LOAN SERV \$1,970.00 Last 4 digits of account number Nonpriority Creditor's Name POB 60610 When was the debt incurred? 9/2012 Street Number As of the date you file, the claim is: Check all that apply. Contingent Harrisburg <u>Penn</u>sylvania 17106 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Is the claim subject to offset? **✓** No Yes 4.14 FIRST PREMIER BANK \$526.00 Last 4 digits of account number 1429 Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? 5/2017 Number Street As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent Saint Cloud Minnesota 56302 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ___ CreditCard Is the claim subject to offset? **✓** No Yes FIRST PREMIER BANK 4.15 \$443.00 Last 4 digits of account number Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? 8/2015 Number As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent 56302 Saint Cloud Minnesota Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts

No Yes

Is the claim subject to offset?

Other. Specify _

CreditCard

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 IDES - Bankruptcy Department \$10,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 33 S State St Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60603 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Over Payment of Benefits Is the claim subject to offset? **✓** No Yes JEFFERSON CAPITAL SYST 4.17 \$755.00 3003 Last 4 digits of account number _ Nonpriority Creditor's Name 2/2017 16 MCLELAND RD When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated SAINT CLOUD Minnesota 56303 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Collecting For - Verizon Is the claim subject to offset? **✓** No Yes **OPPITY FIN** 4.18 \$2,736.00 Last 4 digits of account number 0105 Nonpriority Creditor's Name When was the debt incurred? 6/2017 11 E. ADAMS SUITE 501 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated CHICAGO 60603 Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify ___ Installment Loan Is the claim subject to offset? **✓** No

Yes

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 PLS - Bankruptcy \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 800 Jorie Blvd 2nd Floor As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60523 Oak Brook Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify _ Loan Is the claim subject to offset? **✓** No Yes 4.20 Santander Consumer USA \$12,409.00 1000 Last 4 digits of account number ___ Nonpriority Creditor's Name 5/2014 14101 MYFORD RD FL 2 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated TUSTIN California 92780 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify __ Automobile Is the claim subject to offset? **✓** No Yes Village of Calumet Park 4.21 \$200.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 12409 South Throop n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60827 Riverdale Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Tickets Is the claim subject to offset?

✓ No Yes

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Debtor 1 Sanavia Pickett __ Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 WEBBANK/FINGERHUT \$1,300.00 Last 4 digits of account number ___ Nonpriority Creditor's Name When was the debt incurred? 11/2015 7075 Flying Cloud Dr Number As of the date you file, the claim is: Check all that apply. Contingent Eden Prairie 55344 Minnesota Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Other. Specify ____ Is the claim subject to offset? **✓** No Yes

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Debtor 1 Sanavia Pickett Case number (if known) Middle Name First Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Verizon Wireless - Bankruptcy On which entry in Part 1 or Part 2 did you list the original creditor? Name of (Check P.O.Box 3397 Line 4.17 Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured 61702 Bloomington Illinois Last 4 digits of account number 3003 City State Zip Code Harris & Harris LTD On which entry in Part 1 or Part 2 did you list the original creditor? 111 West Jackson Boulevard Suite 400 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured

Last 4 digits of account number

Chicago

City

Illinois

State

60604

Zip Code

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Debtor 1 Sanavia Pickett Case number (if known)

| FIRST NA | me Middle Name Last Name | | | |
|--------------------------|---|---------|----------------------|-------|
| Part 4: Add t | he Amounts for Each Type of Unsecured Claim | | | |
| | amounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim. | s for s | tatistical reporting | purpo |
| | | | Total claims | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$700.00 | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 | |
| | 6d. Other. Add all other priority unsecured claims. Write that | 6d. | \$0.00 | |
| | amount here. 6e. Total. Add lines 6a through 6d. | 6e. | \$700.00 | |
| | oc. Total. Add lines of through od. | 00. | | |
| | | | Total claims | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$10,083.00 | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$41,246.60 | |
| | 6i Total Add lines 6f through 6i | 6i | \$51,329.60 | |

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| Fill in this infor | mation to identify your ca | ase: | | | |
|---|----------------------------|-------------|------------------------------|--|--|
| Debtor 1 | Sanavia | | Pickett | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | | |
| Case number (If known) | | | | | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or comp | pany with whom you have | the contract or lease | State what the contract or lease is for |
|-----|------------------------------------|-------------------------|-----------------------|---|
| 2.1 | East Lake Mana Name | <u> </u> | | Residential Lease, Debtor is Lessee, Annual Lease |
| | 200 N. Dearborn St. Number Street | | | |
| | Chicago | Illinois | 60601 | |
| | City | State | Zip Code | |

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| | | Du | cument Pay | 5 22 01 / 1 |
|------------------------------|--|---|---------------------------|--|
| Fill in this in | formation to identify your | case: | | |
| Debtor 1 | Sanavia | | Pickett | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse, if filing | First Name | Middle Name | Last Name | |
| United State | s Bankruptcy Court for the | e: Northern | District of Illinois | |
| Case number | er | | (State) | |
| (lf known) | | | | Check if this is an amended filing |
| <u>Officia</u> | I Form 106H | | | |
| Schedu | ıle H: Your Co | debtors | | 12/15 |
| Codebtors a | re people or entities wh | o are also liable for any del | ots vou mav have. Be a | s complete and accurate as possible. If two married people are |
| the entries i known). Ans | n the boxes on the left. wer every question. | Attach the Additional Page | to this page. On the to | space is needed, copy the Additional Page, fill it out, and number op of any Additional Pages, write your name and case number (if |
| 1. Do you No | 0 | you are filing a joint case, do | not list either spouse as | a codebtor.) |
| | | ou lived in a community pro lexico, Puerto Rico, Texas, Wa | | ? (Community property states and territories include Arizona, California, n.) |
| | o. Go to line 3. | | | |
| | es. Did your spouse, forr I No | mer spouse, or legal equiva | lent live with you at the | time? |
| | | nity state or territory did you | live? | Fill in the name and current address of that person. |
| | Name of your spouse | e, former spouse, or legal equi | valent | |
| | Number Street | | | |
| | City | State | Zip Co | ode |
| 3. In Colu | mn 1, list all of your cod | ebtors. Do not include you | spouse as a codebtor | if your spouse is filing with you. List the person shown in line 2 |

again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D),

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| | | | oarrioric | . age co | | | |
|---|--|--|--------------------|------------------|------------------|---------------------------|-------------------------|
| Fill in this in | formation to identify | your case: | | | | | |
| Debtor 1 | Sanavia | | Picket | t | | | |
| | First Name | Middle Name | Last N | ame | — Che | eck if this is: | |
| Debtor 2 (Spouse, if filing | (i) First Name | Middle Name | Last N | omo | - - | An amended filing | |
| | | | | | | A supplement showing p | ost-netition chanter 13 |
| United States the: | Bankruptcy Court for | Northern | _ District of Illi | nois state) | | expenses as of the follow | |
| Case number | r | | (0 | , actor | _ | | |
| (If known) | | | | | | MM / DD / YYYY | |
| Official | Form 106I | | | | | | |
| Schedu | le I: Your In | come | | | | | 12/15 |
| information spouse. If m number (if k | about your spouse. I | | d your spous | se is not filing | with you, do | not include informati | on about your |
| 1. Fill in you | ur employment | | Debtor 1 | | | Debtor 2 | |
| informati | on. | Employment status | Emplo | wod | | Employed | |
| | ve more than one job, eparate page with | | Emplo | nployed | | Employed Not Employed | |
| informatio | n about additional | | | | | The Employee | |
| employers | | Occupation | Truck Driv | er | | _ | |
| | Include part time, seasonal, or Employer's name self-employed work. | | Eagle Exp | ress | | | |
| | on may include student | Employer's address | 715 W 172nd St | | | Number Street | |
| | naker, if it applies. | | Number Street | | | | |
| | | | | | | | |
| | | | South | Illinois | 60473 | | |
| | | | Holland City | State | Zip Code | City | State Zip Code |
| | | How long employed | 3 years 6 i | | p | | |
| | | there? | o your or | | | | |
| Part 2: Gi | ve Details About N | nonthly Income | | | | | |
| spouse unle | ss you are separated. | the date you file this form e more than one employer, et to this form. | | information for | all employers fo | | |
| | | | | For I | Debtor 1 | non-filing spouse | |
| | | ary, and commissions (befo , calculate what the monthly | | 2. | \$5,674.50 | | _ |
| 3. Estimate and list monthly overtime pay. | | | | 3 | + \$0.00 | | <u>-</u> _ |
| 4. Calculate gross income. Add line 2 + line 3. | | | | 4. | \$5,674.50 | | _ |

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| Debtor 1Sanavia | Pickett | Case number | r (if | | | | | | | |
|---|--|---------------------------|---------------------------------------|----------------------|--|--|--|--|--|--|
| First Name Middle Name | Last Name | known) | | | | | | | | |
| | | For Debtor 1 | For Debtor 2 or non-filing spouse | | | | | | | |
| Copy line 4 here | → 4. | \$5,674.50 | | | | | | | | |
| 5. List all payroll deductions: | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$1,621.30 | | | | | | | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | | | | | | | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | | | | | | | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | | | | | | | | |
| 5e. Insurance | 5e. | \$75.73 | | | | | | | | |
| 5f. Domestic support obligations | 5f. | \$0.00 | | | | | | | | |
| 5g. Union dues | 5g. | \$0.00 | | | | | | | | |
| 5h. Other deductions. Specify: | · | \$0.00 + | | | | | | | | |
| · · · · · | - | | | | | | | | | |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5 + 5h$. | e +5f + 5g 6. | \$1,697.02 | | | | | | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from | n line 4. 7. | \$3,977.48 | | | | | | | | |
| 8. List all other income regularly received: | | | | | | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | | | | | | |
| Attach a statement for each property and business showin gross receipts, ordinary and necessary business expenses, the total monthly net income. | | \$0.00 | | | | | | | | |
| 8b. Interest and dividends | 8b. | \$0.00 | | | | | | | | |
| 8c. Family support payments that you, a non-filing spouse | - | ψ0.00 | | | | | | | | |
| dependent regularly receive | | | | | | | | | | |
| Include alimony, spousal support, child support, maintena divorce settlement, and property settlement. | 8c. | \$0.00 | | | | | | | | |
| 8d. Unemployment compensation | 8d. | \$0.00 | | | | | | | | |
| 8e. Social Security | 8e. | \$0.00 | | | | | | | | |
| 8f. Other government assistance that you regularly received include cash assistance and the value (if known) of any not cash assistance that you receive, such as food stamps (berunder the Supplemental Nutrition Assistance Program) or housing subsidies Specify: | n- | \$0.00 | | | | | | | | |
| 8g. Pension or retirement income | 8g. | \$0.00 | | | | | | | | |
| 8h. Other monthly income. Specify: | 8h. + | \$0.00 + | | | | | | | | |
| 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + | +8g + 8h. 9. | \$0.00 | | | | | | | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filir | 10. | \$3,977.48 + | = | \$3,977.48 | | | | | | |
| Include contributions from an unmarried partner, members of friends or relatives. | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other | | | | | | | | | |
| Specify: | | | 11 | \$0.00 | | | | | | |
| 12. Add the amount in the last column of line 10 to the | | | | ¢2.077.49 | | | | | | |
| Write that amount on the Summary of Schedules and Statistica | ai Summary of Certain L | iadilities and Kelated Da | иа, п іт арріїes | \$3,977.48 Combined | | | | | | |
| 13. Do you expect an increase or decrease within the war- | ftor you file this for | | | monthly income | | | | | | |
| 13. Do you expect an increase or decrease within the year a No. | iter you life this form? | | | | | | | | | |
| <u> </u> | | | | | | | | | | |
| Yes. Explain: | | | | | | | | | | |
| | | | | | | | | | | |

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| | | Docu | iment Page 38 of 7 | 1 | |
|---------------------------------|--|---|--|-------------------|---|
| Fill in this infor | mation to identify you | r case: | | | |
| Debtor 1 | Sanavia | | Pickett | | |
| | First Name | Middle Name | Last Name | Check if this is: | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | An amended filir | ng |
| United States E | Bankruptcy Court for th | e: Northern I | District of Illinois | | howing post-petition chapter 13 the following date: |
| Case number | | | (State) | | 3 |
| (If known) | | | - | MM / DD / YYYY | (|
| Official | Form 106J | | | | |
| Schedul | e J: Your Ex | penses | | | 12/15 |
| information. If | | | re filing together, both are equal form. On the top of any addition | | |
| Part 1: Des | cribe Your Housel | nold | | | |
| 1. Is this a joi | nt case? | | | | |
| ✓ No. Go | to line 2 | | | | |
| Yes. D | oes Debtor 2 live in a | separate household? | | | |
| г | No | | | | |
| i i | Yes. Debtor 2 must | : file Official Forms 106J-2, Exper | nses for Separate Household of Deb | tor 2. | |
| 2. Do you hav | e dependents? | No | | | |
| Do not list D | Debtor 1 and | Yes. Fill out this information for | Dependent's relationship to | Dependent's | Does dependent live |
| Debtor 2. | _ | each dependent | Debtor 1 or Debtor 2 | age | with you? |
| | | | Child | 10 years | No. ✓ Yes. |
| | | | Sibling | 6 years | No. |
| | | | | | Yes. |
| | penses include | No | | | |
| than yourself an | d vour | Yes | | | |
| dependent | - | | | | |
| Part 2: Esti | mate Your Ongoin | g Monthly Expenses | | | |
| _ | of a date after the ba | | rou are using this form as a supp plemental Schedule J, check th | • | - |
| | • | n-cash government assistance d it on Schedule I: Your Income | - | | Your expenses |
| | I or home ownership or the ground or lot. 4. | | clude first mortgage payments and | | \$200.00 |
| If not inc | uded in line 4: | | | | |
| 4a. Real e | state taxes | | | | 4a \$0.00 |

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Sanavia First Name
 Pickett Last Name
 Case number (if known)

| First Name Middle Na | Last Name | | |
|--|--|-----|---------------|
| | | | Your expenses |
| 5. Additional mortgage payments for your reside | ence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | | 6a. | \$300.00 |
| 6b. Water, sewer, garbage collection | | 6b. | \$0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and | cable services | 6c. | \$0.00 |
| 6d. Other. Specify: Family Cell Phone Plan | | 6d | \$330.00 |
| 7. Food and housekeeping supplies | | 7. | \$900.00 |
| 8. Childcare and children's education costs | | 8. | \$350.00 |
| 9. Clothing, laundry, and dry cleaning | | 9. | \$250.00 |
| 10. Personal care products and services | | 10. | \$210.00 |
| 11. Medical and dental expenses | | 11. | \$60.00 |
| 12. Transportation. Include gas, maintenance, bus Do not include car payments | s or train fare. | 12. | \$500.00 |
| 13. Entertainment, clubs, recreation, newspape | rs, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions and religious donate | tions | 14. | \$0.00 |
| 15. Insurance. Do not include insurance deducted from your pa | y or included in lines 4 or 20. | | |
| 15a. Life insurance | | 15a | \$0.00 |
| 15b. Health insurance | | 15b | \$435.00 |
| 15c. Vehicle insurance | | 15c | \$112.00 |
| 15d. Other insurance. Specify: | | 15d | \$0.00 |
| 16. Taxes. Do not include taxes deducted from you | r pay or included in lines 4 or 20. | | |
| Specify: | | 16 | \$0.00 |
| 17. Installment or lease payments: | | 10 | |
| 17a. Car payments for Vehicle 1 | | 17a | \$324.00 |
| 17b. Car payments for Vehicle 2 | | 17b | \$0.00 |
| 17c. Other. Specify: | | 17c | \$0.00 |
| 17d. Other. Specify: | | 17d | \$0.00 |
| 18. Your payments of alimony, maintenance, an | d support that you did not report as deducted from | | \$0.00 |
| your pay on line 5, Schedule I, Your Income | (Official Form 106I). | 18. | |
| 19.Other payments you make to support others | who do not live with you. | | |
| Specify: | | 19. | \$0.00 |
| 20. Other real property expenses not included in 20a. Mortgages on other property | lines 4 or 5 of this form or on Schedule I: Your Income. | 00 | 42.22 |
| 20b. Real estate taxes. | | 20a | \$0.00 |
| | 70 | 20b | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance | | 20c | \$0.00 |
| 20d. Maintenance, repair, and upkeep expenses. | | 20d | \$0.00 |
| 20e. Homeowner's association or condominium | uues | 20e | \$0.00 |

Official Form 106J Schedule J: Your Expenses page 2

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| Debtor 1 Sanavia | | Pickett | Case number (if known) | |
|--|----------------------------|-------------|------------------------|---------------------|
| First Name | Middle Name | Last Name | | |
| 21. Other. Specify: | | | 2 | 1 \$0.00 |
| | | | | |
| 22. Calculate your monthly expen | ises. | | | \$3,971.00 |
| 22a. Add lines 4 through 21. | | | | \$0.00 |
| 22b. Copy line 22 (monthly expe | ,, , | | | \$3,971.00 |
| 22c. Add line 22a and 22b. The I | result is your monthly exp | 22 | 2. | |
| 23. Calculate your monthly net inc | come. | | | |
| 23a. Copy line 12 (your combine | ed monthly income) from | Schedule I. | 23 | a \$3,977.48 |
| 23b. Copy your monthly expense | es from line 22 above. | | 23 | b \$3,971.00 |
| 23c. Subtract your monthly expe | | ncome. | | \$6.48 |
| The result is your monthly r | net income. | | 23 | с |
| For example, do you expect to f mortgage payment to increase of the last of th | | | | |

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| Fill in this information to identify your case: | | | | | | | | |
|---|------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1 | Sanavia | | Pickett | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | | | | | |
| Case number (If known) | | | (State) | | | | | |

Official Form 106Dec

U.S.C. §§ 152, 1341, 1519, and 3571.

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

If two married people are filing together, both are equally responsible for supplying correct information.

12/15

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18

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| Fill in this info | ormation to identify your o | case: | | | | | |
|---------------------------------|--|------------------------|-------------------------|----------------|------------|----------|--------------------------------------|
| Debtor 1 | Sanavia | | Pickett | | | | |
| Dobtor 0 | First Name | Middle Nan | ne Last Nam | е | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Nan | ne Last Nam | e | | | |
| United States | Bankruptcy Court for the: | Northern | District of Illino | is | | | |
| Case number | | | (Stat | e) | | | |
| (If known) | | | | | • | | Chook if this is a |
| Official | Form 107 | | | | | | Check if this is a amended filing |
| | ent of Financia | al Affaire for | Individuale | Eilina fo | r Bankru | ntev | 04/1 |
| | ete and accurate as po | | | | | | |
| information. | If more space is need | ed, attach a separa | | | | | |
| number (if k | nown). Answer every q | uestion. | | | | | |
| Part 1: Giv | e Details About Your | Marital Status an | d Where You Lived | Before | | | |
| 1. What is | s your current marital st | atus? | | | | | |
| | arried | | | | | | |
| | ot married | | | | | | |
| | | | | | | | |
| 2. During | the last 3 years, have yo | ou lived anywhere of | ther than where you liv | e now? | | | |
| ☑ No | | | na Baratta I | L | | | |
| ☐ Ye | es. List all of the places ye | ou lived in the last 3 | years. Do not include \ | vnere you live | now. | | |
| De | ebtor 1: | | Dates Debtor 1 lived | Debtor 2: | | | Dates Debtor 2 lived |
| | | | there | Debtor 2. | | | there |
| | | | | Same a | s Debtor 1 | | Same as Debtor 1 |
| | | | | | | | |
| Nu | umber Street | | From | Number Str | eet | | From |
| | | | Го | - | | | To |
| Ci | ty State | Zip Code | | City | State | Zip Code | |
| | ty State | 2.p 0000 | | | s Debtor 1 | Zip Gode | Same as Debtor 1 |
| | | | | ш | | | |
| Nu | umber Street | | From | Number Str | eet | | From |
| | | - | Го | | | | To |
| <u></u> | h. Ctata | Zin Codo | | City | Ctoto | Zin Cada | |
| Ci | ty State | Zip Code | | City | State | Zip Code | |
| | he last 8 years, did you e ories include Arizona, Calif | | | | | | Community property states .) |
| ✓ No | | • | , | , | 3 | | |
| Ľ | . Make sure you fill out S | chedule H: Your Co | debtors (Official Form | 106H). | | | |

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Case number (if known)

Pickett

Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$58162.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$35198.00 Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$33000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

Debtor 1 Sanavia

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Pickett Debtor 1 Sanavia __ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| or 1 | Sanavia | | | Pic | kett | Case number | (if known) |
|--------------------|--|--|--|--|---|--|---|
| | First Name | | Middle Name | Las | t Name | | |
| nsi corp age | ders include your porations of whic | relatives; a h you are a for a busin | any general partners an officer, director, p ness you operate as | ; relatives of any person in control, | general partners; par or owner of 20% or | tnerships of which y more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| ✓ | No | | | | | | |
| | Yes. List all pay | ments to | an insider. | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | | | | | | | |
| | City | State | Zip Code | | | | |
| | No | _ | ranteed or cosigne | | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| _ | City | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | | | | | | | |
| | City | State | Zip Code | | | | |

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property **Buick LaCrosse** 01/2017 \$0 Santander Consumer USA Creditor's Name Explain what happened PO Box 961245 Number Street Property was repossessed. Property was foreclosed. Fort Worth 76161 Texas Property was garnished. State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City Zip Code State

Property was attached, seized, or levied.

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| Debt | tor 1 | Sanavia | | Pickett | Case number (if known, |) | |
|------|-----------------|---|---------------------------|----------------------------|--------------------------------|---------------------|---------------------|
| | | First Name | Middle Name | Last Name | | | |
| 11. | | thin 90 days before you fil counts or refuse to make | | | pank or financial institution, | set off any amou | ints from your |
| | V | No | | | | | |
| | F | Yes. Fill in the details. | | | | | |
| | ш | 1 | | | | _ | - |
| | | | | Describe the action th | e creditor took | Date action | Amount |
| | | | | | | was taken | |
| | | | | | | | |
| | | Creditor's Name | | | | | |
| | | Croditor o Harrio | | | | | |
| | | Number Street | | | | | |
| | | Number Street | | | | | |
| | | | | Last 4 digits of account | number: XXXX- | | |
| | | | | | | | |
| | | | | | | | |
| | | City State | Zip Code | | | | |
| | | | | | | | |
| 12. | | hin 1 year before you filed pointed receiver, a custoo | | y of your property in the | possession of an assignee fo | or the benefit of o | creditors, a court- |
| | | No | | | | | |
| | \underline{V} | | | | | | |
| | Ш | Yes | | | | | |
| | | | | | | | |
| Part | 5: | List Certain Gifts and | Contributions | | | | |
| 13. | Wi | thin 2 years before you fi | led for bankruptcy, did y | ou give any gifts with a t | otal value of more than \$600 |) per person? | |
| | ~ | No | | | | | |
| | F | Yes. Fill in the details fo | r each gift | | | | |
| | _ | - | - | | | | |
| | | Gifts with a total value | of more than \$600 | Describe the gifts | | Dates you | Value |
| | | per person | | | | gave the | |
| | | | | | | gifts | |
| | | | | | | | |
| | | Person to Whom You Gav | ve the Gift | | | | |
| | | | | | | | |
| | | | | | | | |
| | | - | | | | | |
| | | Number Street | | | | | |
| | | | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to yo | ou | | | | |
| | | . , | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Person to Whom You Gav | ve the Gift | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Number Street | | | | | |
| | | ranibol odect | | | | | |
| | | City State | Zip Code | | | | |
| | | - | | | | | |
| | | Person's relationship to yo | ou | | | | |
| | | | | | | | |

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| | Sanavia | | Pickett | Case number (if know | rn) | |
|----------|--|--|---|-------------------------|-----------------------------------|---------------------|
| | First Name Middle | Name | Last Name | · | <u> </u> | |
| | | | | | | |
| . Wi | thin 2 years before you filed for bankı | uptcy, did you giv | ve any gifts or contributions | s with a total value o | of more than \$600 | to any charity? |
| | l No | | | | | |
| ✓ | | | | | | |
| | Yes. Fill in the details for each gift or | contribution. | | | | |
| | Gifts or contributions to charities | De | scribe what you contribute | d | Date you | Value |
| | that total more than \$600 | | | _ | contributed | 14.40 |
| | ***** | | | | | |
| | | | | | | - |
| | Charity's Name | | | | | |
| | | | | | | |
| | | | | | | |
| | Number Street | | | | | |
| | | | | | | |
| | City State Zip | Code | | | | |
| | | | | | | |
| rt 6: | List Certain Losses | | | | | |
| ✓ | No Yes. Fill in the details. Describe the property you lost and | | escribe any insurance cover | | Date of your | Value of property |
| | how the loss occurred | pe | clude the amount that insuran Inding insurance claims on lin B: Property. | | loss | lost |
| | | | , , | | | |
| | | | | | | |
| 7. | List Certain Payments or Trans | foro | | | | |
| abo | thin 1 year before you filed for bankru out seeking bankruptcy or preparing lude any attorneys, bankruptcy petition p | a bankruptcy pet | ition? | | | anyone you consulte |
| abo | | a bankruptcy pet | ition? | | | anyone you consulte |
| abo | out seeking bankruptcy or preparing lude any attorneys, bankruptcy petition p | a bankruptcy pet | ition? | | | anyone you consulte |
| abo | out seeking bankruptcy or preparing lude any attorneys, bankruptcy petition p | a bankruptcy petioreparers, or credit | ition? | ces required in your ba | Date payment or transfer | Amount of payment |
| abo | out seeking bankruptcy or preparing lude any attorneys, bankruptcy petition p | a bankruptcy petioreparers, or credit | ition? counseling agencies for services scription and value of any p | ces required in your ba | Date payment | Amount of |
| abo | out seeking bankruptcy or preparing lude any attorneys, bankruptcy petition p | a bankruptcy petioreparers, or credit Determine the base of the b | ition? counseling agencies for services scription and value of any p | ces required in your ba | Date payment or transfer | Amount of |
| abo | out seeking bankruptcy or preparing lude any attorneys, bankruptcy petition purely No Yes. Fill in the details. | a bankruptcy petioreparers, or credit Determine the base of the b | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | but seeking bankruptcy or preparing lude any attorneys, bankruptcy petition position for the latest process of the latest position for the latest posi | a bankruptcy petioreparers, or credit Determine the base of the b | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | but seeking bankruptcy or preparing lude any attorneys, bankruptcy petition position for the last seeking bankruptcy petition for the last seeking bankru | a bankruptcy petioreparers, or credit Determine the base of the b | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | but seeking bankruptcy or preparing lude any attorneys, bankruptcy petition points of the last seeking bankruptcy petition petition points of the last seeking bankruptcy petition pe | a bankruptcy petioreparers, or credit Determine the base of the b | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | but seeking bankruptcy or preparing lude any attorneys, bankruptcy petition possible. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street | a bankruptcy petioreparers, or credit Determine the base of the b | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 | Determinent Attention Determinent Attention Atte | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 | Details | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip | Determinent Attention Determinent Attention Atte | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address | Determinent Attention Determinent Attention Atte | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None | Detra Atto | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address | Detra Atto | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None | Detra Atto | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None | Detra Atto | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None Person Who Made the Payment, if Note | Detra Atto | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None Person Who Made the Payment, if Note | Detra Atto | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None Person Who Made the Payment, if Not | Detra Atte | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None Person Who Made the Payment, if Not | Detra Atte | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None Person Who Made the Payment, if Not Person Who Was Paid | December 2015 December 2015 Attribute 2015 | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None Person Who Made the Payment, if Not Person Who Was Paid | Detra Atte | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None Person Who Was Paid Number Street Number Street Email or website address None Person Who Was Paid Number Street Number Street State Zip | December 2015 December 2015 Attribute 2015 | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None Person Who Made the Payment, if Not Person Who Was Paid | December 2015 December 2015 Attribute 2015 | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |
| abo | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60 City State Zip Email or website address None Person Who Was Paid Number Street Number Street Email or website address None Person Who Was Paid Number Street Number Street State Zip | Attu- Code Code | ition? counseling agencies for service scription and value of any properties. | ces required in your ba | Date payment or transfer was made | Amount of payment |

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| Debto | | Sanavia | | Pickett | Case n | iumber <i>(if known)</i> | | | |
|-------|---------------------|---|--|---|----------|--------------------------------------|--|---------|------------------------------|
| | | First Name | Middle Name | Last Name | | | | | |
| | help | you deal with your creding tinclude any payment or | tors or to make payme | | ehalf p | oay or transfer a | any property to a | anyone | who promised to |
| | ✓ | No Yes. Fill in the details. | | | | | | | |
| | | | | Description and value of any protransferred | roperty | | Date payment or transfer was made | Amou | unt of payment |
| | | Person Who Was Paid | | | | | | | |
| | | Number Street | | | | | | | |
| | | City State | Zip Code | | | | | | |
| | the Inclu | ordinary course of your bu | usiness or financial aff and transfers made as se | ecurity (such as the granting of a sec | _ | | | | |
| | | | | Description and value of prope transferred | erty | Describe any payments recin exchange | property or eived or debts p | oaid | Date transfer was made |
| | | Person Who Received Trans | nsfer | | | | | | |
| | | Number Street | | | | | | | |
| | | City State Person's relationship to yo | Zip Code u | | | | | | |
| | | Person Who Received Tran | nsfer | | | | | | |
| | | Number Street | | | | | | | |
| | | City State Person's relationship to yo | Zip Code u | | | | | | |
| | ben | nin 10 years before you file eficiary? ese are often called asset-pro No | | you transfer any property to a sel | f-settle | ed trust or simil | ar device of wh | ich you | are a |
| | | Yes. Fill in the details. | | Description and value of the p | propert | y transferred | | | Date transfer was |
| | | Name of trust | | | | | | | made |

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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Pickett Debtor 1 Sanavia Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Deb | | Sanavia | | | Pi | ickett | Cas | se number <i>(ii</i> | fknown) | | |
|------|-----------|----------------------------|----------------|---------------------------------------|----------------|-----------------|-------------------|----------------------|---------------|------------------------------------|--------------------------------|
| | | First Name | | Middle Name | La | st Name | | | | | |
| 26. | | e you been a part | y in any judic | ial or administra | ative proce | eding under | any environme | ntal law? In | clude settler | ments and orde | ers. |
| | ¥ | No Yes. Fill in the det | tails. | | | | | | | | |
| | ш | | | | Court or ag | jency | | Nature | of the case | | Status of the |
| | | Case title | | | | | | | | | case |
| | | | | ; | Court Name | | | | | | Pending |
| | | | | <u>-</u> | | | | | | | On appeal |
| | | Case number | | ! | Number Stre | ·eτ | | | | | Concluded |
| | | | | (| City | State | Zip Code | | | | _ |
| Pari | t 11: | Give Details Al | oout Your B | usiness or Co | nnections | s to Any Bu | siness | | | | |
| 27. | With | nin 4 years before | vou filed for | bankruptcv. did | vou own a | business or | have any of the | following c | onnections t | o anv business | .? |
| | | - | | | | | - | _ | | , | • |
| | | | | mployed in a tra vility company (L | | | - | iuli-ume or p | oart-ume | | |
| | | A partner in a | | | LO) OI IIITIII | sa liability pe | | | | | |
| | | | - | naging executiv | e of a corp | oration | | | | | |
| | | _ | | f the voting or e | | | poration | | | | |
| | | No. None of the a | shove applied | s Go to Part 12 | | | | | | | |
| | \forall | Yes. Check all that | | | details belo | ow for each t | ousiness | | | | |
| | ш | | ar app.y acc | | | | ure of the busine | ess | Employer I | dentification n | umber Do not |
| | | | | | | | | | | | umber or ITIN. |
| | | Business Name | | | _ | | | | EIN: | | |
| | | Number Street | | | _ | | | | Dates busi | ness existed | |
| | | Number Street | | | Name | of account | ant or bookkeeן | per | Dates busi | ness existed | |
| | | City | State | Zip Code | _ | | | | From | To | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | Desc | ribe the natu | ure of the busine | ess | | dentification n cial Security n | umber Do not umber or ITIN. |
| | | Duain aga Nama | | | _ | | | | EIN: | | |
| | | Business Name | | | | | | | | | |
| | | Number Street | | | Name | of account | ant or bookkee | nor | Dates busi | ness existed | |
| | | City | State | Zip Code | - Name | s or account | ant or bookkeep | per | From | То | |
| | | • | | · | | | | | | | |
| | | | | | | | | | | | |
| | | | | | Desc | ribe the nati | ure of the busine | ess | Employer I | dentification n | umber Do not |
| | | | | | | | | | | | umber or ITIN. |
| | | Business Name | | | _ | | | | EIN: | | |
| | | N | | | _ | | | | Detro | mana sudat ud | |
| | | Number Street | | | Name | e of account | ant or bookkeej | per | Dates busi | ness existed | |
| | | City | State | Zip Code | - | | | | From | То | <u> </u> |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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| Debt | tor 1 Sanavia | | | Pickett | Case number (if known) |
|------|---------------------------------|--------------------------------------|------------------------|-------------------------------|---|
| | First Name | | Middle Name | Last Name | |
| 28. | creditors, or | | for bankruptcy, did yo | ou give a financial stateme | nt to anyone about your business? Include all financial institutions, |
| | ✓ No Yes. Fill in | n the details below | <i>1</i> . | | |
| | | | | Date issued | |
| | Name | | | MM/DD/YYYY | |
| | Number | Street | | _ | |
| | City | State | Zip Code | _ | |
| Part | 12: Sign Be | low | | | |
| t | rue and corre a bankruptcy c | ct. I understand thase can result in | at making a false sta | tement, concealing proper | ents, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | × | /s/ Sanavia Pi | ckett | | × |
| | | Signature of Deb | tor 1 | | Signature of Debtor 2 |
| | | Date 11/9/2017 | | | Date |
| | Did you attach | additional pages | to Your Statement of | Financial Affairs for Individ | luals Filing for Bankruptcy (Official Form 107)? |
| [| ✓ No Yes | | | | |
| | Did you pay or | agree to pay some | eone who is not an at | torney to help you fill out b | ankruptcy forms? |
| | √ No | | | | |
| | Yes. Name | of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this information to identify your case: | | | | | |
|---|------------|-------------|------------------------------|--|--|
| Debtor 1 | Sanavia | | Pickett | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | | |
| Case number (If known) | | | (State) | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Did you claim the property Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: CREDIT ACCEPTANCE Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: 2013 Chevrolet Malibu Retain the property and [explain]: Creditor's Surrender the property. No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

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| Debto | r Sanavia | | Pickett | Case number <i>(if</i> | |
|---------|------------------------------|--------------------------|--------------------------|---|--|
| 1 | First Name | Middle Name | Last Name | known) | |
| Part 2: | List Your Unexpire | d Personal Property Leas | es | | |
| inform | ation below. Do not list | | l leases are leases that | y Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). | |
| De | escribe your unexpired p | personal property leases | | Will the lease be assumed? | |
| Le | essor's name: | | | □ No □ Yes | |
| | escription of leased operty: | | | | |
| Le | essor's name: | | | □ No □ Yes | |
| | escription of leased operty: | | | | |
| Le | essor's name: | | | ☐ No ☐ Yes | |
| | escription of leased operty: | | | | |
| Le | essor's name: | | | □ No □ Yes | |
| | escription of leased operty: | | | | |
| Le | essor's name: | | | □ No □ Yes | |
| | escription of leased operty: | | | | |
| Le | essor's name: | | | □ No □ Yes | |
| | escription of leased operty: | | | <u>—</u> | |
| Le | essor's name: | | | □ No □ Yes | |
| | escription of leased operty: | | | _ | |
| Part 3: | Sign Below | | | | |
| Und | | | my intention about any | property of my estate that secures a debt and any personal | |
| × | /s/ Sanavia Pickett | | *_ | | |
| 3 | Signature of Debtor 1 | | Sig | gnature of Debtor 2 | |
| ſ | Date 11/9/2017 MM/DD/YYYY | | Da | ate MM/DD/YYYY | |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | | Northern Distric | t of Illinois | |
|------------------|--|--------------------------------|--|---------------------------------|
| In re | Sanavia Pickett | | Case No. | |
| | Debtor | | | (If known) |
| | | | Chapter | Chapter 7 |
| DISC | CLOSURE OF C | OMPENSATION | N OF ATTORNEY F | OR DEBTOR |
| compensati | on paid to me within one ye | ear before the filing of the p | y that I am the attorney for the abo etition in bankruptcy, or agreed to ation of or in connection w ith the b | be paid to me, for services |
| For legal se | rvices, I have agreed to acce | | \$1,465.00 | |
| Prior to the | filing of this statement I ha | ve received | | \$0.00 |
| Balance Due | е | | | \$1,465.00 |
| 2. The source | of the compensation paid to | o me was: | | |
| ✓ | Debtor | Other (specify) | | |
| 3. The source | of the compensation paid to | o me is: | | |
| ✓ | Debtor | Other (specify) | | |
| | not agreed to share the abovers and associates of my law | | with any other person unless they | / are |
| ☐ membe | | irm. A copy of the agreeme | h a other person or persons who a nt, together with a list of the name | |
| 5. In return for | r the above-disclosed fee, I | have agreed to render legal | service for all aspects of the bankı | ruptcy case, including: |
| | lysis of the debtor's financi kruptcy; | al situation, and rendering a | advice to the debtor in determining | g whether to file a petition in |
| b. Prep | paration and filing of any pe | etition, schedules, statemen | ts of affairs and plan which may b | e required; |
| c. Rep | resentation of the debtor at | the meeting of creditors an | nd confirmation hearing, and any a | djourned hearings thereof; |
| 6. By agreeme | ent with the debtor(s), the ab | oove-disclosed fee does not | t include the following services: | |
| | | | | |
| | | CERTIFICA | ATION | |
| | he foregoing is a complete soankruptcy proceedings. | statement of any agreemen | t or arrangement for payment to m | e for representation of the |
| 11/ | /9/2017 | | /s/ Amy Gerstein | |
| | Date | | Signature of Attorney | |
| | | | Semrad Law Firm | |
| | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

 You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | filing fee administrative fee |
|---|----------|----------------------------------|
| + | <u> </u> | |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Pickett, Sanavia | Casa No | Case No | | |
|-----------------|--|--|--------------------------------------|--|--|
| Debtor(s) | | Case NO. | | | |
| | | Chapter. | Chapter7 | | |
| | VERIFICAT | TION OF CREDITOR MAT | TRIX | | |
| Tr knowledge | ne above named Debtors hereby verify tha e. | t the attached list of creditors is tr | rue and correct to the best of their | | |
| Date: | 11/9/2017 | /s/ Pickett, Sanav Pickett, Sanavia Signature of Del | | | |

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Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth, TX, 76161

CREDIT ACCEPTANCE 25505 West 12 Mile Road Ste. 3000 Southfield, MI, 48034

FED LOAN SERV POB 60610 Harrisburg, PA, 17106

AMER FST FIN 3515 N. Ridge Rd, Suite 200 Wichita, KS, 67205

OPPITY FIN 11 E. ADAMS SUITE 501 CHICAGO, IL, 60603

CBNA Po Box 6497 Sioux Falls, SD, 57117

WEBBANK/FINGERHUT 7075 Flying Cloud Dr Eden Prairie, MN, 55344

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV, 89193

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

JEFFERSON CAPITAL SYST 16 MCLELAND RD SAINT CLOUD, MN, 56303

Verizon Wireless - Bankruptcy 500 Technology Dr Saint Charles, MO, 63304

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FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302

COMENITYBK/VICTORIASEC 220 W SCHROCK RD WESTERVILLE, OH, 43081

IRS 1 PO Box 7346 Philadelphia, PA, 19101

Blue Island Hospital 62592 Collection Center Dr Chicago, IL, 60693

AT&T 2001 York Rd Oak Brook, IL, 60523

IDES - Bankruptcy Department PO Box 4385 Chicago, IL, 60680

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, IL, 60602

Harris & Harris LTD 111 West Jackson Boulevard Suite 400 Chicago, IL, 60604

Village of Calumet Park 12409 South Throop Riverdale, IL, 60827

PLS - Bankruptcy PO Box 800849 Dallas, TX, 75380

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1,465.00

attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: /17/09/2017

Client Client

Attorney

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| Debtor 1 Sanavia First Name | Middle Name | Pickett Last Name | Case number (if know) | n) |
|---|--|--|--|---|
| Part 6: Answer These Qu | uestions for Reporting Purpos | · · · · · · · · · · · · · · · · · · · | | |
| 16. What kind of debts do you have? | 16a. Are your debts primar "incurred by an individu No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primar | rily consumer debts ual primarily for a per ily business debts? or investment or throu | sonal, family, or housel Business debts are deb ugh the operation of the | ts that you incurred to obtain business or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that ✓ No. | ter 7. Do you estimate t | | perty is excluded and administrative d creditors? |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49☐ 50-99☐ 100-199☐ 200-999 | 1,000-5, 5,001-10 10,001-2 | 0,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | | \$10,000, \$50,000, | 01-\$10 million 001-\$50 million 001-\$100 million 0,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you estimate your liabilities to be? Part 7: Sign Below | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,000, \$50,000, | 01-\$10 million 001-\$50 million 001-\$100 million 0,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| | If I have chosen to file under C of title 11, United States Code under Chapter 7. If no attorney represents me an out this document, I have obtain I request relief in accordance we I understand making a false state connection with a bankruptcy of both. 18 U.S.C. §§ 152, 1341, /s/ Sanavia Pickett Signature of Debtor 1 | hapter 7, I am aware I understand the rel Id I did not pay or ag ined and read the no ith the chapter of titl atement, concealing passe can result in fine | that I may proceed, if el ief available under each ree to pay someone who tice required by 11 U.S. e 11, United States Cooroperty, or obtaining mes up to \$250,000, or in | de, specified in this petition. noney or property by fraud in nprisonment for up to 20 years, or |
| PERSONNET BEENMARKESTONE OF THE STATE SALE STATE OF | Executed on 11/9/2017 MM / DE | 3/1111 | Executed on | MM / DD / YYYY |

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| Debtor 1 | Sanavia | | Pickett | |
|---------------------------|---------------------------|-------------|----------------------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Sankruptcy Court for the: | Northern | District of Illinois | |
| Case number (If known) | | | (State) | |

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pa | rt 1: Sign Below | | | | | | |
|--|---|---|--|--|--|--|--|
| AND AND STREET | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | |
| PF-, 11.1 1. DERBOOM | ☑ No | | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | |
| | | | | | | | |
| AMERICA MANAGEMENT AND | Under penalty of perjury, declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and | | | | | |
| × | /s/ Sanavia Pickett Signature of Debtor | Signature of Debtor 2 | | | | | |
| | Date 11/9/2017 MM/DD/YYYY | Date MM/DD/YYYY | | | | | |

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| Debtor 1 | Sanavia | | Pickett | Case number (if known) |
|---------------------|---|--------------------------|-----------------------------|--|
| o vonerovenskim com | First Name | Middle Name | Last Name | |
| 28. Wi | thin 2 years before you editors, or other parties. No Yes. Fill in the details b | • | ou give a financial stater | nent to anyone about your business? Include all financial institution |
| أحسا | | | Data issued | |
| | | | Date issued | |
| | Name | | MM/DD/YYYY | _ |
| | Number Street | | | |
| | Number Street | | | |
| | City Sta | ate Zip Code | Table 1 | |
| Part 12: | Sign Below | | | |
| a bar | /s/ Sanav | ia Pickett | or implisonment for up to | erty, or obtaining money or property by fraud in connection with 220 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | | 1 | Date |
| | Date 11/9/2 | 017 | | - 4 |
| Did yo | ou attach additional pag | ges to Your Statement of | Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)? |
| manage . | lo | | | , |
| \sqcap | es | | | |
| Did | NI DON OF GREEN to many | | | |
| Manage | | omeone who is not an at | torney to help you fill out | bankruptcy forms? |
| V N | | | | |
| ПΥ | es. Name of person | | | Attach the <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119). |

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| Debtor Sanavia | | Pickett | Case number (if | |
|--|--|--|--|--|
| 1 First Name | Middle Name | Last Name | known) | |
| Part 2: List Your Unexpired | Personal Property Leas | es | | |
| For any unexpired personal proj | perty lease that you listed in | Schedule G: Executory | Contracts and Unexpired Leases (Official Form 106G), fill in thate still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). | ne |
| Describe your unexpired pe | rsonal property leases | | Will the lease be assumed? | |
| Lessor's name: | | | No No | |
| Description of leased property: | | Tradition is common the Malaman annual column and the state of the sta | American de tract tille virus americans de de decembración de la Yes | |
| Lessor's name: | | en e | □ No □ Yes | · for a state of the second |
| Description of leased property: | | | The state of the s | |
| Lessor's name: | ere errer et have i 1986 distinuiummusuummin et have 12 deervahat kuri 19 km i 19 m 19 m aanab A. Aa | | □ No □ Yes | A TOTAL CONTRACTOR OF THE PARTY |
| Description of leased property: | | | | 1990 i Fritzer (an expensable destination et al. 1991). |
| Lessor's name: | | kidentalain Vienemer - 1998-kalain samuuntee 1998-kalain telepä (ja penggapaga tala keramana | □ No □ Yes | ************************************** |
| Description of leased property: | | | | mentaria etc. Escendocio ancio a |
| Lessor's name: | | | ☐ No ☐ Yes | All Calling and the state of th |
| Description of leased property: | | | - | elizabiotete en la constanta de la constanta d |
| Lessor's name: | | | □ No □ Yes | ************************************** |
| Description of leased property: | | | , | or name about the owner, the owne |
| Lessor's name: | the second secon | | ☐ No ☐ Yes | |
| Description of leased property: | | · · · · · · · · · · · · · · · · · · · | The second of th | Attended in a parameter of the second |
| art 3: Sign Below | | 1. | to the second | and the second |
| Under penalty of perjury, deci property that is subject to an u | are that I have indicated my nexpired lease. | Intention about any pro | operty of my estate that secures a debt and any personal | |
| /s/ Sanavia Pickett Signature of Debtor 1 | ~ #VV | V | ure of Debtor 2 | |
| Date 11/9/2017 MM/DD/YYYY | | Date | MM/DD/YYYY | |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Pickett, Sanavia | Cons. No. | |
|-----------------|--|--|----------|
| Debtor(s) | | Case No | |
| | | Chapter. Chapter7 | |
| | VERIFIC | ATION OF CREDITOR MATRIX | |
| Th knowledge | ne above named Debtors hereby verify . | that the attached list of creditors is true and correct to the best of the | eir A |
| Date: | 11/9/2017 | /s/ Pickett, Sanavia Pickett, Sanavia Signature of Debtor | <u> </u> |

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| Debtor 1 Sanavia First Name | Middle Name | Pickett | Case number (| fknown) | |
|--|---|--|----------------------------|--|--|
| | wilddie Name | Last Name | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| Unemployment compensation Do not enter the amount if you conte under the Social Security Act. Instead | list it here: | ceived was a benefit | \$0.00 | | - |
| For you For your spouse | - | <u>\$0.00</u> \$0.00 | | | |
| Pension or retirement income. Do benefit under the Social Security Act. | not include any amou | nt received that was a | \$0.00 | | _ |
| 10.Income from all other sources not amount. Do not include any benefits a payments received as a victim of a wa international or domestic terrorism. If a page and put the total below. | eceived under the Soc r crime, a crime agains | ial Security Act or | | | |
| Total amounts from separate pages, if | any. | | +\$0.00 | + | |
| 11. Calculate your total current mont | hly income. Add lines | s 2 through 10 for | \$5,699.05 | + |]= |
| eacn | each column. Then add the total for Column A to the total for Column B. | | | - | \$5,699.05 |
| | | | | | Total current |
| Part 2: Determine Whether the M | eans Test Applies | to You | | | monthly income |
| 12. Calculate your current monthly inc | | llow these steps: | | | |
| 12a. Copy your total current monthly in | V | | | oy line 11 here → | \$5,699.05 |
| Multiply by 12 (the number of mo 12b. The result is your annual income | | n. | | 106 | X 12 |
| | | | | 12b. | \$68,388.60 |
| 13 Calculate the median family income | that applies to you. | and the second s | | | |
| Fill in the state in which you live. | An are now and an area of the second of the | Illinois | | | |
| Fill in the number of people in your hou | sehold. | 3 | | | |
| Fill in the median family income for you household. | r state and size of | | *** *** | | \$78,559.00 |
| To find a list of applicable median incor | ne amounts, go online | using the link specified | in the separate | | |
| instructions for this form. This list may 4. How do the lines compare? | aso de avallable at the | bankruptcy clerk's office | | | |
| 14a. Line 12b is less than or equal Go to Part 3. | to line 13. On the top | of page 1, check box 1, | There is no presumption of | of abuse. | |
| 14b. Line 12b is more than line 13. Go to Part 3 and fill out Form | On the top of page 1 122A-2. | , check box 2, The presu | mption of abuse is determ | nined by Form 122A-2. | |
| art 3: Sign Below | | | | | |
| | \sim | | | | |
| By signing here, I declare under penalty | of perjury that the int | ormation on this stateme | ent and in any attachments | is true and correct. | YA C AMMONTUMP () |
| ✗ /s/ Sanavia Pickefit / | - HM | // * | | | erene i en i |
| Signature of Debtor | - U | · | nature of Debtor 2 | | PERVONAL ARMS 1 |
| Date 11/9/2017 MM/DD/YYYY | | Dat | e 11/9/2017 MM/DD/YYYY | | After an expension of |
| If you checked line 14a, do NOT fill o If you checked line 14b, fill out Form | ut or file Form 122A-2 122A-2 and file it with | this form. | | | Control of the Contro |